

PROFESSIONAL DEGREE PROGRAMS

for office use only (_____)
(_____) Group

Office of Graduate and Continuing Studies

email: adult@goshen.edu

www.goshen.edu/adult

ADMISSION STATEMENT

Goshen College seeks to admit students interested in earning a degree from a private Christ-centered college of liberal arts and sciences. Goshen College maintains standards for behavior which contribute to a strong campus community. Students from different backgrounds may have different values, but the Goshen College community expects all students to respect one another. Students are expected to live in accordance with the "Commitment to Community Standards," as stated in the Goshen College Course Catalog and accessible at www.goshen.edu/aboutgc/community

ANTICIPATED START DATE AND PROGRAM

Calendar year: _____ Fall Spring

BS, Social Work

BS, Organizational Leadership

BS, Business Administration

BS, RN to BSN

PERSONAL INFORMATION

1. Name: _____
Last First Middle or birth name

Preferred name: _____ Gender: Male Female

Permanent Address: _____
Street/Route/Post office box City State/Province ZIP/Postal Code

Home telephone number: (_____) _____ Cell phone number: (_____) _____

Email address: _____

Date of Birth: ____/____/____ (Mo./Day/Yr.)

U.S. Social Security number ____-____-____ or Canada SIN ____-____-____

Have you ever been convicted of a felony? Yes No *If yes, please explain in an attached statement.*

Are you a U.S. citizen? Yes No Are you a U.S. permanent resident? Yes No

If not U.S. citizen, list country of citizenship: _____

Do you hold dual citizenship? Yes No

If yes, list other country of citizenship: _____

PERSONAL INFORMATION

2. Race and Ethnicity (optional)

Are you Hispanic/Latino? Yes No

Please select all that apply: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White

Visa status (non-U.S. citizens): Student (F1) Special Visitor Permanent resident
 Other: _____

3. Family Information (optional)

Applicant's marital status: Single Married Divorced/Separated widowed

Spouse's name (last and first): _____

Is spouse attending college? Yes No Is spouse using financial aid? Yes No

Number and age of children living with you: _____

List anyone attending college in your household: _____

4. Church affiliation (optional)

Religion/Denomination: _____

Congregation: _____ Address: _____

EDUCATIONAL BACKGROUND

5. List all colleges or universities attended (BSN Candidates – indicate School of Nursing):

Name	Dates attended	Cr. hrs. earned	Major/minor	Degree awarded

Please provide a complete chronological list of post-secondary institutions you have attended for academic credit. One (1) official transcript from each of these institutions must be submitted in support of your application. Official transcripts must have been printed within the last two years, and must arrive in sealed envelopes prepared by the university or college.

6. International students must complete the TOEFL and have scores sent to Goshen College.

Have you taken the TOEFL? Yes No Date: _____

MILITARY SERVICE

7. Have you served in the U.S. Military? Yes No

If yes, you may be eligible for additional College credits when you submit a certified copy of your DD214.

EMPLOYMENT INFORMATION

8. Employer: _____ Number of years: _____
Position: _____ Full time Part-time
Address: _____
Work phone: _____ Email: _____
May we contact you at work? Yes No *If yes, best time to contact:* _____
Does your employer offer Tuition Reimbursement? Yes No *If yes, amount per year:* _____

FINANCIAL SOURCES

9. Do you plan to complete the Free Application for Federal Student Aid (FAFSA)?
 Yes No/Not U.S. Resident Don't know yet
You should complete the FAFSA as soon after January 1 as possible.
Federal school code: **001799** (for Goshen College)
Other outside financial sources:
 Employer name: _____ Amount or percentage: _____
 VA benefits
 Church/Conference name: _____
 Other (specify): _____

STATEMENT OF CERTIFICATION AND AUTHORIZATION FOR ALL TYPES OF FINANCIAL AID

Your application signature certifies that:

1. I understand I must enroll in and complete a course load equal to that stated on this application and I agree to report any changes in my enrollment status or housing plans to the Student Financial Aid Office.
2. I hereby certify that the information submitted herewith is accurate and complete to the best of my knowledge: I fully understand my obligations incurred by the grant of financial aid and then conditions of repayment of any loan I may receive.
3. I give permission to the Student Financial Aid office to obtain such additional information concerning my educational program and financial circumstances as needed to process my application and/or for additional documentation.
4. I authorize the Student Financial Aid Office to release, as it deems appropriate, information on my academic program (including grades) and the amount of any award I may receive to agencies, institutions, or others involved in providing funds for my education.
5. I authorize the Student Financial Aid Office to discuss my application and my financial situation with agencies that may also be considering me for financial aid.
6. I am enrolling at Goshen College for the purpose of studying toward completion of a degree or certificate.

SPECIAL CIRCUMSTANCES

If your family is experiencing financial difficulties, such as loss of employment, high medical or dental expenses, private high school tuition, unusually high child care costs, or educational loan payments, please contact the Student Financial Aid Office explaining your extraordinary financial circumstances.

OTHER INFORMATION (optional, used for statistics only)

11. How did you first learn of Goshen College Adult Programs? _____

Signature: _____ Date: _____

(Your signature verifies the accuracy of the information given on this application.)

GOSHEN COLLEGE NONDISCRIMINATORY POLICY

Goshen College reserves the right to select students on the basis of academic performance and personal qualifications. Goshen College is in compliance with all applicable federal regulations pertaining to nondiscrimination on the basis of handicap, sex, race, color, national or ethnic origin in its recruitment, admission, educational, athletic, financial aid and employment policies and programs.

SUBMIT APPLICATION

Submit this application form plus all the documents listed for your program (see Application Checklist) to:

Graduate and Continuing Studies
Goshen College
1700 S Main St
Goshen, IN 46526

Or send electronically to the email below

Toll free: 800.390.3490 | Phone: 574.535.7464 | Fax: 574.535.7245
Email: adult@goshen.edu | www.goshen.edu/adult